

**SCHOOL IMMUNIZATION CATCH-UP (SICU) PROGRAM
VACCINES FOR CHILDREN PROGRAM (VFC) ELIGIBILITY
REPORTING FORM (2018-2019)**

Complete and attach this form to the Vaccine Ordering Form when it is submitted.

Name of school district: _____

Name of school: _____

- 1) How many students are attending your school in the 2018-2019 school year?

- 2) Of the students who have not been vaccinated; how many are VFC eligible by one of the following criteria:
 - a) Number enrolled of Alaskan Native: _____
 - b) Number of American Indian: _____
 - c) Number who are Medicaid eligible: _____
 - d) Number with no Insurance or uninsured: _____
 - e) Number who are underinsured (health insurance plan does not cover vaccinations): _____

- 3) How many students who are eligible for the Vaccines for Children (VFC) Program **have not been vaccinated** with the Hepatitis B, MCV, Tdap, DTaP, MMR, polio and varicella vaccine (s)?

_____ Hepatitis B
_____ MCV
_____ Tdap

_____DTaP
_____MMR

_____Polio
_____Varicella

The Division of Immunizations will **not** provide vaccines without this attachment. Thank you for your cooperation. Include this eligibility form with your vaccine order.